



Rev. 04/10/10

**THE GREATER HUDSON VALLEY  
Family Health Center, Inc.**



147 Lake Street, Newburgh, 12550  
(845) 563-8000 Fax: (845) 565-1364

MR # \_\_\_\_\_

### Notice of Privacy Practices

We are committed to protecting your personal health information in compliance with the law. The attached Notice of Privacy Practices states:

- Our obligation under the law with respect to your personal health information
- How we may use and disclose the health information that we keep about you
- Your rights relating to your personal health information
- Our rights to change our Notice of Privacy Practices
- How to file a complaint if you believe your privacy rights have been violated
- The conditions that apply to uses and disclosures not described in this Notice
- The person to contact for further information about our privacy practices

We are required by law to give you a copy of The Notice of Privacy Practices and to obtain your written acknowledgement that you have received a copy.

#### Patient Acknowledgement of Receipt

I, \_\_\_\_\_ hereby acknowledge that I have received a copy of the Notice of Privacy Practices.

\_\_\_\_\_  
Patients Signature Date

\_\_\_\_\_  
Signature of Parent or Patient's Representative (if applicable) Date

\_\_\_\_\_  
Description of Legal Authority to Act on Behalf of Patient